



State of New Hampshire Banking Department In-State and Interstate Branch Application

Purpose:		Type of Branch:	
Application		In-State	
Notice		Interstate	

Check boxes that apply

Type of Application:	Establish	Relocate	Discontinue
NH Branch Office			
Mobile Branch Office			
Service Branch Office			
Loan Production Office			

Check the box that applies

Applicant Information:

Date: _____
Name: _____
Address _____
(City/State/Zip): _____
Contact Person: _____
Address _____
(City/State/Zip): _____
Phone/Fax Numbers: _____
E-Mail Address: _____

Location Information:

Official/Trade Name: _____
Address _____
(City/State/Zip): _____
Proposed Effective _____
Date: _____

If the applicant is an affiliate of a holding company complete the following:

Name of Holding Company: _____
Main Office Address _____
(City/State/Zip): _____

What is the total dollar volume of New Hampshire deposits currently held by the

Applicant: _____

Branch to be acquired: _____

If branch results from a partial bank
acquisition, name of institution from which
branch is acquired: _____

Officer's Signature: _____ Date: _____
Print Name: _____ Title: _____

Certification for In-State and Interstate Branch Application

I hereby certify that the board of directors of _____
(Name of Applicant Bank)

by resolution has authorized the filing of this application and that to the best of said board's knowledge and belief, this application contains no misrepresentations or omissions of material fact and is in compliance with all applicable rules and regulations. By filing this application, the applicant hereby agrees to notify the State of New Hampshire Banking Department if the facts set forth herein materially change prior to receiving a decision on this application, and/or prior to commencement of business of the subject branch.

Signed this _____ day of _____, 20 ____

Applicant Bank

Signature of Authorized Officer

Print or Type Name

Title

State of _____

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____
(name of officer or agent, title of officer of agent) of _____
(name of corporation), on behalf of the corporation.

Notary Public

My Commission Expires: _____